

250549

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Non - Emergency
Certificate

From
Medical Transportation Service L.L.P.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2014 - 204 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Cheryl Kalin

Telephone: 800-699-7684

Address: 104 High Circle

Fax: _____

Office 8B

Other: 843-796-9811

Myrtle Beach, SC. 29572

Email: Info@MedicalTransportationService.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☒ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate
of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other: _____

RECEIVED

MAY 13 2014

PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Handwritten signature/initials

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: 5/1/2014

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Medical Transportation Service L.L.P.

10838 Kings Road, Office 3134, Myrtle Beach, SC. 29572

Street Address of Applicant

104 High Circle, Office 8B, Myrtle Beach, SC. 29572

Mailing Address of Applicant (if different from street address)

843-796-9811

Phone

843-796-9811 Call First

Fax

Info@MedicalTransportationService.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Cheryl Kalin - 104 High Circle, Office 8B, Myrtle Beach, SC. 29572

Jay Kalin - 104 High Circle, Office 8B, Myrtle Beach, SC. 29572

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month May Year 2014

Assets:

| | |
|---------------------------------------|-------------------|
| Cash | 60,045 |
| Receivables | 3567.00 |
| Real Estate | 650,900.00 |
| Buildings and Equipment (Net) | 0 |
| Motor Vehicles (Net) | 35,049.00 |
| Garage Equipment (Net) | 10,435.89 |
| Machinery and Tools (Net) | 6,357.00 |
| Supplies on Hand | 1,435.98 |
| Prepays and Other Assets | 1,967.00 |
| Total Assets * | 682,974.87 |
| | |
| <u>Liabilities and Equity:</u> | |
| Accounts Payable | 0 |
| Notes Payable | 0 |
| Mortgages Payable | 550,908.00 |
| Equipment Obligations | 0 |
| Accrued Salaries and Wages | 0 |
| Other Accrued Obligations | 0 |
| Other Liabilities | 0 |
| Total Liabilities | 550,908.00 |
| | |
| Capital Stock | 0 |
| Retained Earnings | 0 |
| Total Equity | 132,066.87 |
| Total Liabilities and Equity * | 682,974.87 |

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

~~We use the standard Medicare and Medicaid Charges per trip. A chart from Medicaid and Medicare is publicly available.~~

STANDARD RATE FOR AMBULANCE PICK UP
\$ 200.00 - \$ 400.00.

PER MILE IS \$7.00 STANDARD

WHEEL CHAIR PER MILE IS \$3.00 - PICK UP
\$ 100.00.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input checked="" type="checkbox"/> Marion <i>Horry</i> | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

| MAKE | YEAR & MODEL | VIN# | EMPTY WEIGHT | WHEEL- CHAIR LIFT |
|------|--------------|------|--------------|-------------------------|
| N/A | N/A | N/A | N/A | X |
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INSURANCE QUOTE - ATTACHED

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

~~CHERYL~~ **CHERYL KALIN**

Name of Applicant

104 HIGH CIR - UNIT 93 - MYRTLE BEACH SC 29572

Address of Applicant

Amount of Premium:

Liability Insurance \$ ~~1,000.00~~ **290.00 MONTH**

The above quoted premium is for a term of **12** months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

| | | |
|-----------------------------------|--------------|------------------|
| Liability Combined Each Occurance | \$ 1,000,000 | 1,000.000 |
| Medical Payments per Person | \$ 1,000 | 5,000.00 |

COASTAL SECURITY INSURANCE LLC (1390945)

Name of Insurance Company

400 LAUREL ST - STEC - COLUMBIA, SC. 29526

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

5-1-14

Date

Chris L.

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

CHERYL LYNN KALIN

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Cheryl Lynn Kalvin

Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

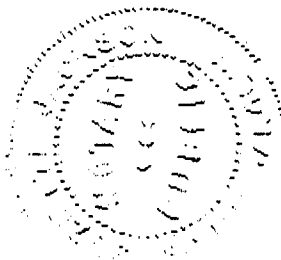
STATE OF SOUTH CAROLINA)

COUNTY OF Horry)

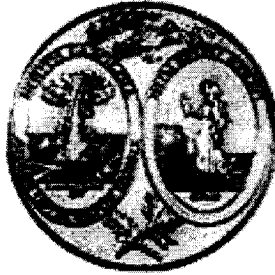
SWORN TO BEFORE ME
This 5th day of May, 20 14

Dustin Jackson
Notary Public

Commission Expires 3/14/2016



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MEDICAL TRANSPORTATION SERVICE L.L.P., A Limited Liability Partnership duly organized under the laws of the State of South Carolina and registered on May 12th, 2014, and having a duration of one (1) year from the date of filing pursuant to Section 33-41-1110 of the South Carolina Code, and that the Limited Liability Partnership has not filed a notice of dissolution as of the date hereof.

Given under my Hand and the Great Seal of
the State of South Carolina this 12th day of
May, 2014

A handwritten signature in black ink that reads "Mark Hammond".

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE

May 12 2014

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

140512-0203

Filed: 5/12/2014

MEDICAL TRANSPORTATION SERVICE L.L.P.

Filing Fee: \$125.00 ORIG



Mark Hammond

South Carolina Secretary of State

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE
APPLICATION TO BECOME
A SOUTH CAROLINA
REGISTERED LIMITED LIABILITY PARTNERSHIP**

The following partnership applies for the status of a registered limited liability partnership pursuant to Section 33-41-1110 of the 1976 South Carolina Code of Laws, as amended. This registration is effective only for one year.

1. The name of the registered limited liability partnership is

MEDICAL TRANSPORTATION SERVICE L.L.P.

(Section 33-41-1120 of the 1976 South Carolina Code of Laws, as amended, requires that the name of a registered limited liability partnership must contain the words "Registered Limited Liability Partnership or the abbreviation "L.L.P." as the last words or letters of its name.)

2. The business in which the registered limited liability partnership engages is

MEDICAL TRANSPORTATION SERVICE

(Provide only a brief statement)

3. The street address of the initial registered office of the registered limited liability partnership is

104 HIGH CIR APT 8B

Street Address

MYRTLE BEACH

HORRY

SC

295722338

City

County

State

Zip Code

and the initial registered agent of the limited liability partnership at that office is

CHERYL KALIN

Print Name

I hereby consent to the appointment as registered agent.

Electronically filed on SCBOS. Signature not required.

Agent's Signature

(Section 33-41-1110(A) of the 1976 South Carolina Code of Laws, as amended, requires that this office be maintained.)

MEDICAL TRANSPORTATION SERVICE
L.L.P.

Name of Limited Liability Partnership

4. If the registered limited liability partnership's principal office is not located in South Carolina, specify the address of the principal office:

Street Address

City

County

State

Zip Code

5. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

6. The registered limited liability partnership has the following number of partners 2

7. The registered limited liability partnership has complied with all the requirements of Chapter 41 of Title 33 of the 1976 South Carolina Code of Laws, as amended, which are required of it to be a registered limited liability partnership. The partner or partners executing this application constitute more than a majority in interest of the partners or are otherwise authorized to execute this application.

Date 2014-05-12

Electronically filed on SCBOS.
Refer to attached signature
page.

Signature

CHERYL KLAIN

Type or Print Name

Electronically filed on SCBOS.
Refer to attached signature
page.

Signature

JAY KALIN

Type or Print Name